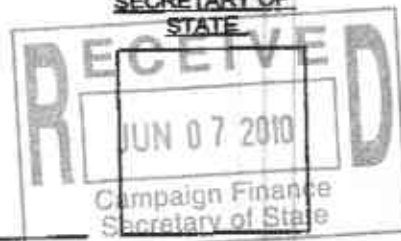


Judicial Candidate  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Delbert Hosemann  
SECRETARY OF  
STATE



Name of Candidate Douglas MacArthur Magee  
Address 145 E. Maud Avenue Mendenhall, MS 39114 County Simpson Date Stamp  
Telephone Work 601-847-2446 Home 601-847-2446 Fax 601-847-7388  
Contact Name Douglas M. Magee Email Address dmagee61@yahoo.com  
Office Sought Chancery Court Judge, Post One, 13<sup>th</sup> Judicial District MS

Check here if above is different from previous report

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010) .....Mandatory  
☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010) .....Mandatory  
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010) .....Mandatory  
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010) .....Mandatory  
☐ October 28, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010) .....Mandatory  
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010) .....Runoff Candidates  
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010) .....Mandatory  
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) .....Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (i) and (ii).  
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-Itemized=	This Period	Calendar Year-To-Date
Total amount of contributions	\$0.00 +\$0.00	\$0.00	\$0.00
Total amount of disbursements	\$0.00 +\$0.00	\$0.00	\$0.00
Total amount of cash on hand		\$0.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

June 6, 2010  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39203 or fax to 601-339-1499 or 601-576-2819.

Reporting period May 1, 2010 through May 31, 2010

## ITEMIZED DISBURSEMENTS

A. Full name	N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00
B. Full name	N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00
C. Full name	N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00
D. Full name	N/A	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		/ /	\$ 0.00
City, State, Zip Code		/ /	\$ 0.00
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 0.00

*Douglas MacArthur Magee* June 6, 2010